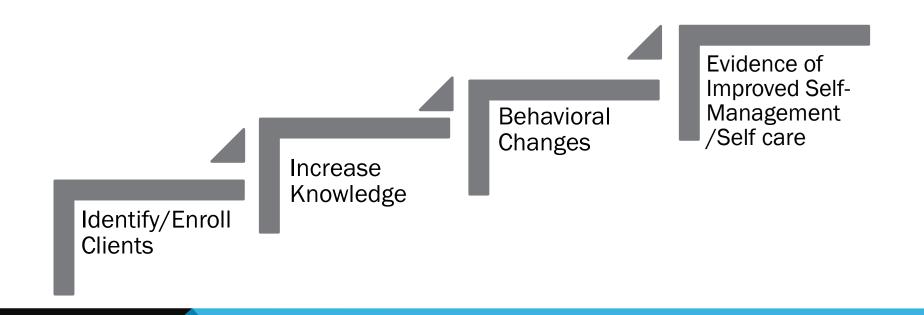
## Memorial Hospital of South Bend®

₩ BEACON HEALTH SYSTEM Care Partner

# HEALTHY DIABETICS PROGRAM

#### MEMORIAL HEALTHY DIABETICS

**AIM:** To offer culturally and linguistically appropriate diabetes intervention to Medicaid and Uninsured members of our community to enable clients to self-manage (self care) their disease and its complications.



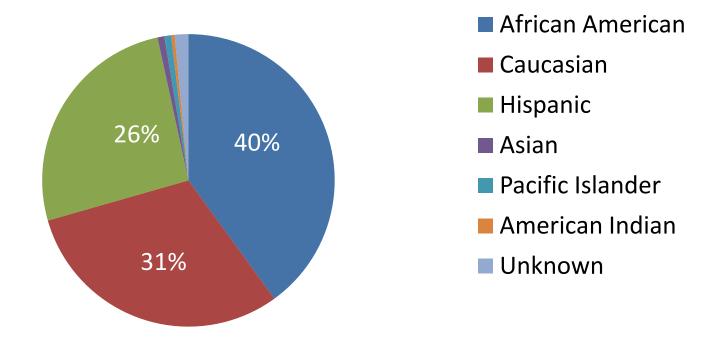


### **ACTIVE CLIENTS**

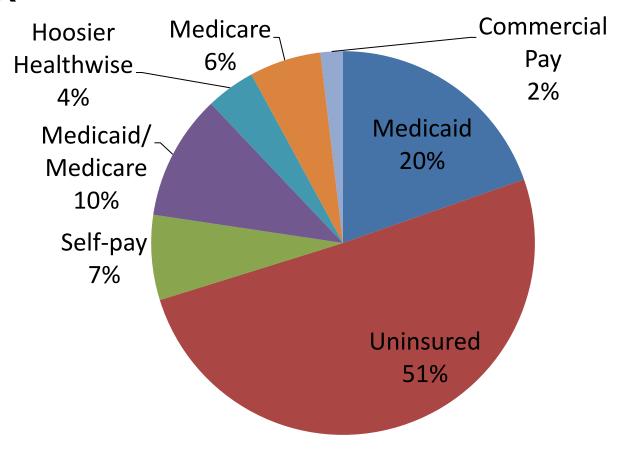
| <u>Month</u>            | <u>New</u><br><u>Client</u> | <u>ER</u> | <u>Hospital</u> | Memorial<br>Medical<br>Groups | <u>Self-</u><br><u>referral</u> | <u>Other</u><br><u>Referral</u> |
|-------------------------|-----------------------------|-----------|-----------------|-------------------------------|---------------------------------|---------------------------------|
| Sept 2012-<br>June 2013 | 230                         | 26        | 34              | 104                           | 3                               | 63                              |
| July 2013               | 35                          | 6         | 6               | 10                            | 0                               | 13                              |
| TOTAL                   | 265                         | 32        | 40              | 114                           | 3                               | 76                              |



#### **DEMOGRAPHICS**



#### **PAYER MIX**





#### **DECREASED ER USAGE**

|  | TOTAL #<br>PEOPLE | TOTAL #<br>VISITS | TOTAL<br>CHARGES |
|--|-------------------|-------------------|------------------|
| Pre-Program ER Use (12 month history per person) | 52                | 90                | \$664,778.90     |
| Post-Program ER Use 9/1/12-6/30/13               | 19                | 31                | \$138,992.00     |
| TOTAL CHANGE                                     | -33               | -59               | -\$525,786.90    |



#### PRIMARY CARE PHYSICIAN REFERRALS

| Total Active | # without PCP at | # without PCP |
|--------------|------------------|---------------|
| Clients      | initial visit    | 7-31-13       |
| n=265        | n=17             | n=2           |
|              |                  |               |

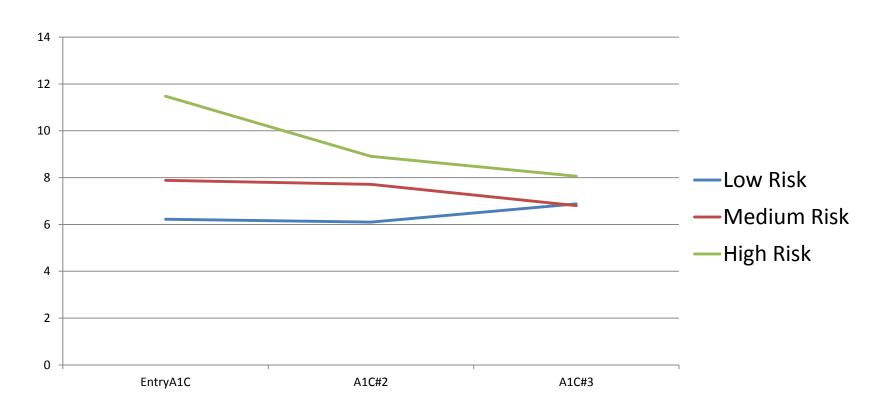


### **IMPROVED A1C LEVELS**

| A1C Tests                      | Active  | Low Risk    | Medium Risk | High Risk    |  |
|--------------------------------|---------|-------------|-------------|--------------|--|
|                                | Clients | 5.0-6.9     | 7.0-8.9     | 9.0+         |  |
| Entry Level                    | n=260   | n=68, 26.2% | n=74, 28.5% | n=118, 45.4% |  |
| 1st A1C in program             | n=144   | n=58, 49.3% | n=54, 37.5% | n=32, 22.2%  |  |
| 2 <sup>nd</sup> A1C in program | n=66    | n=34, 51.5% | n=24, 36.4% | n=8, 12.1%   |  |
| 3 <sup>rd</sup> AIC in program | n=22    | n=11, 50%   | n=9, 40.9%  | n=2, 9.1%    |  |



#### **AVERAGE A1C LEVELS OVER TIME**





#### WHAT WE DO

- 1. Orientation
- 2. Educational programs and exercise
- 3. Case Management
- 4. PCP Visits
- 5. Home visits

## Thank you Chuck and Nazareth

